

**MARYLAND STATE BOARD OF DENTAL EXAMINERS**  
SPRING GROVE HOSPITAL CENTER • BENJAMIN RUSH BUILDING  
55 WADE AVENUE/TULIP DRIVE • CATONSVILLE, MARYLAND 21228  
PHONE – 410-402-8511 • FAX – 410-402-8505  
www.health.maryland.gov/dental

**Please mail your completed test, affidavit and a check or a money order in the amount of \$50.00 (non-refundable) made payable to the Maryland State Board of Dental Examiners to the address listed above.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_ Telephone Number \_\_\_\_\_

**DENTIST – JURISPRUDENCE EXAMINATION – 2021**

The successful completion of this examination fulfills the Jurisprudence requirements for the Maryland State Board of Dental Examiners for Dentists. Each question has **one** correct answer. Circle the letter next to the correct answer. This examination is **open** book.

1. **It is the responsibility of the licensee to notify the Maryland State Board of Dental Examiners within 60 days of any change of office address.**
  - a. True
  - b. False
  
2. **In Maryland it is a violation of the dental law to hold oneself out to the public as a specialist in:**
  - a. Implantology
  - b. Cosmetic dentistry
  - c. TMJ therapy
  - d. All of the above
  - e. Answers a. and b. only
  
3. **An advertisement by a dentist must include:**
  - a. The fee for the service advertised
  - b. The name of a licensed dentist providing the dental services being advertised
  - c. The license number of the dentist providing the dental services being advertised
  - d. The telephone number of a licensed dentist providing the dental services being advertised
  - e. All of the above

- 4. Allowing an individual who does not have a dental license or a dental hygiene license to scale and / or polish teeth may cause the dentist:**
- a. To be charged by the Board with unprofessional conduct and criminally charged with a misdemeanor
  - b. To be charged by the Board with unprofessional conduct and criminally charged with a felony
  - c. None of the above
- 5. You wish to hire an individual to take and expose radiographs in your dental office. The individual is not licensed or certified in another state to take and expose radiographs. For the individual to receive certification in Maryland to take and expose radiographs the individual must:**
- a. Provide to the Board a sworn statement by a Maryland licensed dentist that the individual is competent to place and expose dental radiographs
  - b. Satisfactorily complete the Board approved educational requirements established by the Maryland State Dental Association or the Maryland Dental Society
  - c. Pass an examination administered or approved by the Board for qualifying to place and expose radiographs
  - d. Answers b. and c. only
- 6. Which of the following conditions must be met for a dental hygienist to perform dental hygiene procedures in a private dental office without a dentist on the premises?**
- a. Treatments authorized by the supervising dentist to be provided by the dental hygienist are rendered no later than 7 months from the date the patient was examined and evaluated by the supervising dentist.
  - b. A supervising dentist may not employ more than 2 dental hygienists to work under the dentist's general supervision at any given time
  - c. Written emergency procedures are in place and the dental hygienist is trained to implement the emergency procedures
  - d. In any 3-month period the number of hours a dental hygienist works without a licensed dentist on the premises must be less than 60 percent of the dental hygienist's total hours
  - e. All of the above

- 7. There are certain continuing education requirements for each two-year license renewal cycle for dentist to be licensed in the state of Maryland. Which of the following statements is false?**
- a. Cardiopulmonary resuscitation certification must be continuously maintained and must not expire
  - b. Of the required 30 hours, 2 hours must be in infection control. The two hours of infection control count toward the 30 hours
  - c. Each licensee must complete a Board-approved course on abuse and neglect as it relates to Maryland law for each four-year cycle
  - d. Up to 20 hours of continuing education credit may be earned by self-study activities
- 8. In order to renew a dental or dental hygiene license in 2005 or thereafter, a dentist or dental hygienist must:**
- a. Complete not less than 30 full hours of clinical continuing education including 2 hours of infection control
  - b. Maintain cardiopulmonary resuscitation certification
  - c. Provide and document at least 10 hours of pro bono dental services at a facility licensed by either the Maryland Department of Health and Mental Hygiene, or a federally qualified community health care program that provides dental care to the poor, elderly or handicapped
  - d. All of the above
  - e. Answers a. and b. only
- 9. Records to document continuing education credits are:**
- a. Forwarded to the Board as credits are earned by the licensee
  - b. Maintained by the Secretary/Treasurer of the Board
  - c. Maintained by the licensee for five (5) years and made available to the Board upon request
  - d. Answers a. and b. only
- 10. You have a patient that is dissatisfied with your services. The patient requests that a copy of their dental records be sent to them. The patient has an undisputed balance due to you of \$100.00.**
- a. You may withhold providing a copy of the records until the patient pays the balance due
  - b. You may withhold providing a copy of the records until the appropriate copying fee is paid
  - c. If the records are to be mailed, you may charge the patient for the actual cost for postage and handling
  - d. You may not withhold providing a copy of the records for any reason
  - e. Answers b. and c. only





- 20. A dental assistant certified by the Dental Assisting National Board, Inc. (DANB) may perform the following duties under the direct supervision of a dentist:**
- a. Photography (not conventional or digital x-ray)
  - b. Take alginate impressions for study models or diagnostic casts
  - c. Construct athletic mouth guards on models
  - d. All of the above
  - e. None of the above
  - f. Answers a. and c. only
- 21. A dental assistant certified by the Dental Assisting National Board as qualified in general duties may:**
- a. Apply topical anesthesia
  - b. Take alginate impressions for study models or diagnostic casts
  - c. Place and remove a matrix band
  - d. Place and remove a retraction cord
  - e. Polish teeth or restorations
  - f. All of the above
  - g. Answers a., b., c., and d. only
- 22. A dental assistant certified by the Dental Assisting National Board as qualified in orthodontics may:**
- a. Apply topical anesthesia
  - b. Adjust an arch wire
  - c. Prepare a temporary crown
  - d. Place and remove a matrix band
  - e. Remove a suture
  - f. All of the above
  - g. Answers b. and d. only

**23. A dental hygienist may:**

- a. Perform a preliminary dental examination
- b. Place subgingival medicaments
- c. Perform a brush biopsy
- d. Place and remove a retraction cord
- e. All of the above
- f. Answers a., b., and d. only

**24. The Board may deny a general license to practice dentistry, a limited license to practice dentistry, or a teacher's license to practice dentistry to any applicant, reprimand any licensed dentist, place any dentist on probation, or suspend or revoke the license of any licensed dentist if the applicant or licensee:**

- a. Provides professional services while under the influence of alcohol
- b. Has had a license to practice dentistry revoked or suspended in any other state
- c. Uses in connection with the practice of dentistry a business entity name or a trade name that is not authorized by law
- d. Uses or promotes or causes the use of any misleading, deceiving, or untruthful advertising matter
- e. All of the above
- f. Answers a., b., and d. only

**25. A dental hygienist may own or operate a dental practice or a dental hygiene practice.**

- a. True
- b. False

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**PLEASE PRINT CAREFULLY. THIS WILL BE USED TO NOTIFY YOU OF YOUR RESULTS**

***JURISPRUDENCE EXAMINATION***

*FROM THE MARYLAND STATE BOARD OF DENTAL EXAMINERS*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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SCORE: \_\_\_\_\_

PASSED

FAILED